

EMPLOYER'S APPLICATION OATH TO BECOME A SELF-INSURER

Yourapplicant			
·	n or City or County Govern	-,	ito
of(Address)	, by	(Name)	, ITS
	hereby applies	to the Division of Workers Comp	ensation for
(President of Corporation or Official of City or County Government) permission to become a self-insurer as provided by the Laws of K	Cansas relating to Wor	kers Compensation, and in supr	oort of same
permission to become a sen insurer as provided by the Laws on the	landas relating to vvoi	kers compensation, and in supp	JOIT OF SAFFIC
alleges and represents to the Division as true that it/he/she is	financially able to ca	arry its/his/her own risk on all o	of its/his/her
employees, and hereto attaches a copy of its/his/her most recen	t five years of audited	financial statements the most r	ecent being
dated	_·		
Wherefore, your applicant prays that the Division of Workers		anate it/him/her as a self-insurer	. as defined
	, -	,	,
in the above-named law.			
		(Official Title of Signer)	
STATE OF	_, COUNTY OF		, ss:
		being institutiy sworn on c	airi, Siaies.
That he/she is(President or Official of City or County Government or other e	of the	usiness or City or County Government of	or other entity)
whose home office is at	mitty) (Name of Bu		
application to become a self-insurer under the Kansas Workers C	ompensation Law; tha	at ne/sne nas read the above app	olication and
documents attached and that the facts contained therein are tr	ue; that all allegations	s made in such application and	documents
attached are for the purpose of inducing the Division of Workers	Compensation to gra	nt such application; and that the	e duties and
responsibilities therein alleged and required to be performed by th	nis application will be f	ully carried out at the time and in	the manner
required and alleged to be performed.			
required and aneged to be performed.			
		(Person Making Oath)	
		(1 order making dair)	
	Subscrib	ed and sworn to before me this	
(S E A L)			
		day of	_, 20
		(Notary Public)	

My commission expires_